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India Revitalizes Family Planning

India's family planning program is making a comeback after a four-year slump in reaction to the aggressive sterilization campaign which was a prime factor in Prime Minister Indira Gandhi's March 1977 election defeat. But recovery is still far short of target and a doubling of the country's population in the next four decades is "almost inescapable," according to demographers Pravin and Leela Visaria in PRB's *Bulletin* for October, "India's Population: Second and Growing."

India's estimated mid-1981 population of 689 million is 300 million less than first-ranking China's 985 million. But with slow fertility decline in India and China's current one-child-per-family drive, the gap is narrowing, say the Visarias, who are professors at the Sardar Patel Institute of Economic and Social Research in Ahmedabad, India. They cite World Bank projections which show China stablizing at 1.5 billion about 2070 while India's population grows on to 1.6 billion before leveling off early in the 22nd century.

India's 1981 census, conducted last February by a million and a half enumerators with provisional results released less than three weeks later, put the population at 684 million on March 1. With a possible undercount of 1 to 2 percent added in, the actual total may have been as high as 697 million, say the *Bulletin* authors.

The 684 million census figure was 12 million higher than projected. Experts making the projection estimated India's rate of natural increase at 1.9 percent in 1978, with the birth rate at 33 per 1,000 population and the death rate at 14 – down from 41 and 19 in the mid-1960s. The Visarias note that the 1.9 percent estimate is lower than natural increase rates of other populous countries – Brazil's 2.4 percent and Pakistan's 2.8 percent, for example. But applied to India's current 689 million-plus population it means 13 to 14 million people added each year, compared to less than 12 million in China.

Moreover, they argue, India's current growth rate is probably closer to 2.23 percent which was the annual average for the 1970s, according to the 1981 census – a shade higher than the 2.20 percent average of the 1960s. Because sample registration data used to make projections probably miss 5 to

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PRB MEMBERSHIP

In addition to INTERCOM, PRB members receive six in-depth POPULATION BULLETINS annually, the widely used WORLD POPULATION DATA SHEET wall chart, and selected special publications. Educator, library, student, and institutional members also receive INTERCHANGE, a population education newsletter, and ready-to-use classroom materials four times during the year.

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	U.S.	All other countries
Individual	$ 25	$ 32.50
All students	5	6.50
Educator – primary/secondary	10	13.00
Educator – college	15	19.50
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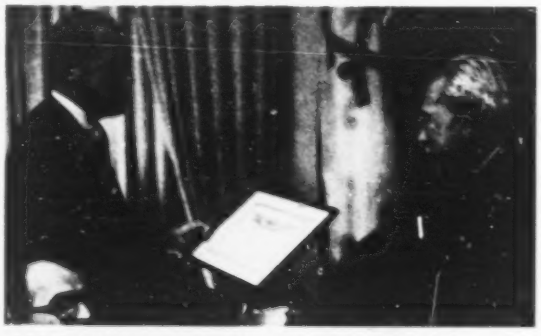
Conrad Taeuber receives the award of Honorary Fellow from PRB Board Chairman Michael P. Bentzen.

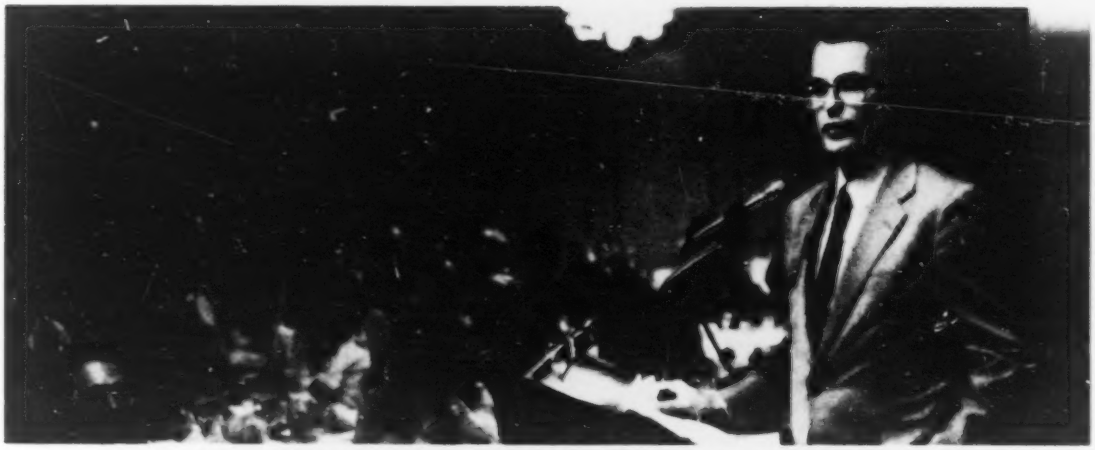
Mrs. Wilhemine Burch Gibboney speaks to the assembly after receiving a special award from PRB President Robert P. Worrall (background).



PRB Board Chairman Bentzen gives the award of Honorary Fellow to Francis X. Murphy, C.SS.R., one of 31 Fellows so honored.

Some of those assembled at the PRB Awards Dinner, which took place at Washington's University Club.

PRB's Gala 52nd Anniversary Awards Dinner



Photos by Art Haupt

Census Bureau Director Bruce K. Chapman, the Awards Dinner featured speaker, emphasized the importance of maintaining his Bureau's talent and integrity.

With awards to some of the greatest figures in PRB's past and an address saluting PRB by Census Bureau Director Bruce K. Chapman, the Population Reference Bureau celebrated its 52nd anniversary on Oct. 15 with a special banquet at Washington's University Club.

The gathering brought together some of the brightest lights in the U.S. population community, including representatives of many nonprofit, government, and corporate organizations with population concerns.

The audience of 150 applauded as PRB Board Chairman Michael P. Bentzen awarded the honor of becoming PRB Honorary Fellows to 31 persons who made major contributions to PRB's past and present.*

A special posthumous award was made to Charles M. Goethe by PRB Trustee Anne F. Murray. Back in the 1950s Goethe made the first outside donations to PRB, and vowed to help keep the small, pioneering, but impoverished population organization afloat.

Robert C. Cook, who served as PRB's second chief executive from 1951 to 1968, was presented the Certificate of Distinguished Service in absentia by former PRB President Michael F. Brewer.

Current PRB President Robert P. Worrall presented a special award to Mrs. Wilhemine Burch Gibboney, the widow of Guy Irving Burch, who founded PRB in 1929. Dr. Worrall noted that Mrs. Gibboney's own work had helped to keep the Bureau going during its early years.

Conrad Taeuber, PRB's Chair Emeritus, who was described by Census Director Chapman as "a Washington monument," received the PRB Award for Distinguished Service to the Field of Demography, which includes a $1,000 honorarium. James Echols, also a PRB past president, made the award. As Dr. Taueber came to the podium to accept it, the entire room rose to its feet in a standing ovation for the man whose achievements in the fields of demography and population are widely known.

Finally, Census Director Bruce K. Chapman spoke to the assembled group. Chapman, who was sworn in as director on Oct. 2, listed his goals for the Census Bureau: maintaining its integrity; protecting the quality of the data; preserving the pool of talent there; and increasing public awareness of the Bureau's work.

As far as his own new experience as Census Director went, Chapman added a light note to the proceedings when he humorously complained that he had to "learn bureaucratese" as a second language since arriving in Washington, D.C. "Reiterate" has replaced "count" in official publications, so that "now we must ask the question 'Can we reiterate on you?'"

He also saluted the Population Reference Bureau, Inc., on its 52nd anniversary, recalling how both "PRB and the Census Bureau have worked in concert to further population programs," and noting the "spirit of professional camaraderie that has existed between professionals in both [organizations]."

"Several of the Bureau's finest demographers have been members of PRB's staff," Chapman told his audience, and "I want to continue that relationship."

As the evening's festivities ended, many of the assemblage lingered at the University Club to talk population shop, catch up on news, and make several toasts to the success of PRB's next 52 years of "telling the world about population."

*The Honorary Fellows: Kingsley Davis, Joseph Spengler, Rufus Miles, Robert Dinkel, Hamilton M. Warren, Lawrence Wilkinson, Sherman Knapp, Carolyn A. Fortas, and George L-P Weaver.

T. Graydon Upton, Stewart L. Udall, Lee Talbot, Emmett J. Rice, Robert Nathan, Sherman Maisel, Philip Hauser, Stanley Cain, Georg Borgstrom, and Jacob Clayman.

Caroline Cochran, James H. Scheuer, David Poindexter, Conrad Taeuber, Caroline Saltonstall, John Reid, Francis X. Murphy, Mildred Marcy, Kathleen McNamara, James R. Echols, Bert T. Edwards, and Barbara L. Carter.

How Population Trends Affect U.S. Growth, Economy

Everyone is affected by population trends one way or another, but not everyone realizes the impact those trends have, and their implications for the formulation of public policy.

To help focus attention on population affected issues, PRB has organized several of these briefings, and has provided executive summaries for numerous briefings organized by the Washington-based Population Resource Center with technical assistance from the Population Association of America.

• "Population Trends and the Rural Economy." This briefing cites the historical fluctuations in fertility that affect both present and future community needs. The last decade has brought an unanticipated growth in nonmetropolitan areas, and although not universal, this growth reflects a trend toward gradual population decentralization and growth in "open country" areas. This briefing was organized by the Population Resource Center with technical assistance from the Population Association of America for the National Association of Development Organizations.

• "Population Trends and Alternative Work Options." Changes in the composition of the U.S. population will be affecting the labor force in the years ahead, particularly the female labor force. More women of all ages will be working, many of whom are single parents. The U.S. population has aged due to the fertility declines; consequently, the labor force is also aging, and the baby boom generation is encountering job shortages and limited advancement opportunities at each stage of their careers. This briefing was also organized by PRC and assisted by the PAA for the Women's Research and Education Institute of the Congresswomen's Caucus.

• "Population Changes in Small Communities." Small communities are being affected by major demographic changes, especially by the shift towards nonmetropolitan growth. Shifts in population have combined with a move of manufacturing and business out of the Northeast and Midwest into the Southeast and Southwest. New patterns of movement are causing population and economic declines or expansions, and local governments must then contend with the results. This briefing was prepared for the annual meeting of the Council of State Community Affairs Agencies.

• "Rural Population Trends and Economic Growth" reports on the problems rural areas are encountering due to rapid growth, mushrooming demands on services, and entrenched existing poverty. This briefing was organized by the PRC with technical assistance from the PAA for the National Rural Center.

Earlier executive summaries that have appeared in this series:

• "Impact of Population Change on the Welfare System"
• "Population Change in Developing Countries: Implications for U.S. Policy"
• "The Impact of Immigration on the United States: Implications for U.S. Policy"
• "The U.S. in the 1980s: Demographic Trends"
• "The Impact of Internal Migration in the U.S."
• "The Impact of Immigration on U.S. Natural Resources"
• "Energy and Population"
• "U.S. Women in Midlife: Ages 45 to 65"
• "The Impact of Population Change on Social Security"

Any of the above briefing papers may be obtained from PRB for a $1.00 handling charge for each copy; write Circulation Dept., Population Reference Bureau, 1337 Connecticut Ave., N.W., Washington, D.C. 20036. □

Chronic Pill Use May Increase Heart Attack Risk, Researchers Say

A newly reported study by Boston University researchers has found that women who use oral contraceptives increase their risk of heart attack and this risk persists after they cease taking the pill. Dennis Slone et al. reported in the *New England Journal of Medicine* that in their sample, women 40-49 years of age who were now off the pill who had used it for more than five years had 60 percent more heart attacks than other women in the control group. Women in that age group who had used it 10 or more years had 2.5 times as many heart attacks. This study extends previous studies that had found current use of oral contraceptives tended to raise heart attack risk, but the research is subject to confirmation, its authors say. And in any case the risk of heart attack is relatively low for women in these age brackets: 0.3 per year per 1,000 women 40-44, and 1 per 1,000 for women 45-49. □

John D. Durand 1913-1981

John D. Durand, pioneering demographer who organized the UN's Population Division and was associated with the University of Pennsylvania's Population Studies Center, died Oct. 27. He was 68.

Durand first worked in the U.S. Census Bureau's Population Division before going to the UN, where he served from 1947 to 1965 as Assistant Director in Charge of the Population Branch. In 1965 he moved to the University of Pennsylvania, where he was mentor to a generation of new demographers, from the U.S. and other countries.

In 1961 he was elected president of the Population Association of America.

Among Durand's publications was *The Labor Force in the U.S. 1890-1960*, as well as other books, UN manuals, and many scientific papers.

U.S. reaches 230,000,000: The resident population of the United States will probably pass the 230 million mark during this October.

The U.S. population grows by an estimated 4,500 people per day through natural increase, as roughly 9,900 people are born and 5,400 die. In addition, the U.S. grew by roughly 1,800 a day due to net civilian immigration in 1980 (the year of the Cuban boatlift). So as a result of these population changes, the U.S. is currently growing by an estimated 2,295,000 per year.

In 1977 the U.S. broke the 220 million mark. If present rates continue, it could break the quarter-billion mark sometime in 1990-1991.

An African View of Family Planning Problems

by Louis Ochero

Organized family planning activities are of rather recent introduction to Africa. Unfortunately their origins, method of introduction and the persons advocating them are in many instances so insensitive to local sensibilities as to lead to great resistance if not outright rejection.

The advocacy of family planning as synonymous with or contributing to population control, considered by the advocates as a basic requirement fr economic development, was almost universally rejected in black Africa. In some areas these were viewed as thinly veiled efforts at genocide, or at best an unrealistic approach to the real issue of development. Often the early family planning advocates did not recognize many traditional practices as being contraceptive methods. The tradition of spacing children at intervals of about 3 years through prolonged breast-feeding, abstinence, geographic separation, the use of charms and herbs (effective or not) had been ingrained in many African cultures for generations. Organized family planning would possibly have had easier acceptance if it had been introduced as a modern substitute for some of these traditional methods.

The obstacle to the spread of family planning practices in Africa is not unconnected with their foreign origin. Most of the personnel propagating family planning in Africa are either expatriate or foreign-financed. This has generated a suspicion that family planning is foreign-supported for political and even racial reasons.

As professor Mungai of the School of Anatomy, University of Nairobi, warned in his address to a seminar in 1975:

"No programme will work in Africa if it is imported... family planners and sex educators have been trying to introduce programmes 'through the back door' in order to reach scholars and young people generally, but sex education is such a controversial subject that many parents are still not even prepared to hear the word sex, let alone encourage schools to have such programmes."

Many critics of internationally or nationally sponsored organized family planning clinics in the less industrialized societies often forget that there is abundant empirical evidence showing the close relationship of modern contraception to traditional child spacing methods in these societies. Sociological research has indicated that child spacing by traditional means (such as abstinence from sexual relations during a two year lactation period) has been practiced in many African societies.

Observed behavior confirms that poverty is the cause, not the effect, of the somewhat higher fertility of rural and other poor groups. Indeed, so dominant is the parental search for security in old age, and so grinding the poverty, that many communities where girls have few earnings opportunities are compelled by poverty to practice what is euphemistically called "selective child care," reducing the attention paid to the health and feeding of girls so that only the sturdiest survive. Parents driven to such desperate straits clearly lack the will toward reckless childbearing.

It should be appreciated that – first, there is a universal desire for the control of childbearing and a considerable reservoir of demand for guidance and assistance in family planning as it exists in the world today; secondly, not enough is being done to meet the existing demand, primarily because of wrong emphasis by the developed nations which are spending more money on the propaganda for family planning than for the assistance of those who actually want to undertake it. Finally the pressure on governments in developing countries to declare family planning part and parcel of their health services cannot achieve much. Their medical services are not well developed because of lack of funds, and whatever can be done is hardly enough to meet the urgent demands of curative medicine and other more pressing public health measures.

The funds presently expended on convincing people that underdevelopment is exclusively due to overpopulation might be better spent on improving existing family planning clinics and on opening more, and on making the population aware of the advantages of childspacing. After all, it is hardly correct to ask more people to go to family planning clinics when those who already are prepared to go are not being attended to adequately or have no clinic to go to.

There is a great deal more to the control of population growth through reducing the birth rate than only the conception control which is dispensed at the family planning clinics. Experience has shown that the birth rate of the traditional societies often falls effectively only under the impact of urban industrial development, education, improvement of health and the lowering of the death rate. Propaganda for birth control or government-sponsored family planning programs does not seem to have played an important role in lowering the birth rate of the developed nations either. The unjustifiably exaggerated emphasis on family planning only and its identification with population growth control has annoyed and irritated the intelligensia in the developing countries and has aroused opposition to family planning. The less intellectual fail to see the reasons for "downgrading" their existing traditional methods of child spacing.

The most important factors which have caused the lowering of the birth rate in the advanced countries have been the same as have been responsible for the raising of the standard of living of the people living there. Industrialization, urbanization, rural development, the spread of education, better health services, raising the age of marriage for women can be specially mentioned. No amount of exhortation for population control can take the place of these factors. There is already a strong tendency in developing countries for women to get married late. It is expected that this trend will continue and will also become more widely accepted. Along with this, the rising status of women will be a major factor affecting population growth.

Last, but not least, is the implication from findings and research that family planning is "not a new practice" in most of the less industrialized societies, but rather a continuation – even a renaissance of a traditional practice (childspacing) made possible by a technological development (modern contraception). Therefore, any "new" strategy improvised to counter resistance to family planning especially in traditionally oriented communities or societies must be presented as a continuation of tradition, rather than as a break from it. □

Louis Ochero is a member of the staff of the Ministry of Health, Republic of Uganda.

A New Grand, Grand Population Total

50 billion people is the latest estimate to be offered in answer to that perennial, unanswerable question: How many people have ever lived on Earth?

In an article in *BioScience* (Vol. 31, No. 7) Arthur H. Westing of Hampshire College starts with two people in 298,000 B.C. and extrapolates through seven periods of human history to 4.4 billion people in 1980, assuming a gradually increasing life span and a mostly decreasing population doubling time.

Westing makes note of the other attempts to estimate the total-number-ever-lived, including PRB's 1962 *Population Bulletin* "How Many People Have Ever Lived on Earth?" written by Annabelle Desmond et al. This Bulletin put the number at 71 billion (from 600,000 BC to AD 1962). Other estimates have ranged from 69 billion (Keyfitz's estimate, from 1 million BC to AD 1960) to 110 billion (Deevey's estimate, from possibly 4,700,000 BC to AD 1950). These estimates have all assumed different life spans and birth rates.

It is difficult, if not impossible, to pick a date and say that *here* humanity begins. But Westing's starting date of 298,000 BC is based on recent estimates of when *Homo sapiens* first appeared on Earth.

Westing's calculated figures (see table) show a number of interesting points, particularly how different the population situation is now compared to most of human existence. (As charted by Westing, for nearly 97 percent of human history and prehistory, the human population was under 5 million.)

Also roughly as many people may have lived before the 1st century AD as have lived since that date. And the number of people alive compared to the number-who-ever-lived has mushroomed since prehistoric times. Whereas in early prehistory, the population alive at any given moment represented only a fraction of 1 percent of all who had ever lived, today that proportion has grown to nearly 9 percent.

Extrapolating from Westing's present-day figure of 50 billion-who-ever-lived, we can project that the population alive may reach 12 percent by 2000 and that 50 years from now people alive could represent over one-fifth (20 percent) of all those who have ever lived. □

Calculations on the Growth of the Human Population

Year	Population at the time	Life span	Doubling time	Total no. persons born so far since 298,000 BC	Population at the time as % of total no. persons born so far[a]
40,000BC	3 million	20	13,000	2.7 billion	0.1
8,000BC	5 million	25	43,000	7.7 billion	0.06
1 AD	200 million	30	1,500	25.4 billion	0.8
1650AD	500 million	35	1,200	40.8 billion	1.2
1850	1 billion	40	200	44.4 billion	2.3
1945	2.3 billion	45	79	47.7 billion	4.8
1980	4.4 billion	50	37	50.0 billion	8.8

Source: Arthur H. Westing, "A Note on How Many Humans That Have Ever Lived." *BioScience*, 1981, 31 (7), 523-524.
[a]Calculated by PRB.

Planned Parenthood, Parliamentarians, and Population

The Conference of Asian Parliamentarians will take place in Beijing, China, from Oct. 27 to 30, 1981. Since the First International Conference of Parliamentarians on Population and Development in Colombo, Sri Lanka, in 1979, parliamentary groups committed to population and development issues have been formed in 16 countries.

The theme of the Beijing conference will be "Population, Resources and Development in Asia: Trends, Programmes and Policies." Attention will focus on the role of parliamentarians in population and development at the local, national, and international levels. Members of Parliament representing those countries within the Asian Group of the United Nations that have parliamentary systems include Mercedes Concepcion, Director of the Population Institute of the University of the Phillipines; S.S. Okita, former Foreign Minister of Japan; and Professor Liu Zheng, demographer from the Population Research Institute at the Chinese People's University in Beijing. In addition, Pramilla Senanayake, Medical Director of the International Planned Parenthood Federation (IPPF) will present a paper on the role of women, motherhood, and family responsibilities.

The IPPF, an organization devoted to "protecting and enhancing the quality of life," has been actively involved in the regional meetings of parliamentary groups that have taken place since Colombo. IPPF has sponsored tours of parliamentarians to developing countries where family planning associations have demonstrated how family planning programs are initiated and sustained. Working closely with the United Nations Fund for Population Activities, which is sometimes supported by the Inter-Parliamentary Union, these two organizations have demonstrated a commitment to dealing with population problems within the context of improving living standards.

IPPF involvement at Beijing is a recognition of the important role that Family Planning Associations have in initiating and sustaining family planning programs. □

Report on Asian Contraceptive Survey Workshop

by Michele Lioy and Gary Lewis

Thirty family planning policymakers and population researchers from seven Asian countries met in February 1981 in Pattaya, Thailand, to examine experiences in conducting family planning surveys in Asia. This meeting, the Contraceptive Prevalence Surveys Asia Regional Workshop, was organized by Westinghouse Health Systems, which is under contract with the U.S. Agency for International Development to conduct the surveys in developing countries. The proceedings of this meeting are now being published.

Many developing countries support family planning programs for a variety of reasons. However, in order to maximize program impact, monitoring and evaluation are essential components of any program.

The sample size depends on population size and data needs of the particular family planning program. During a survey, generally 4,000 to 5,000 women aged 15-49 years are interviewed. But in some instances, the sample can be larger; for example, in Bangladesh more than 14,000 ever-married women were interviewed.

AID, through Westinghouse Health Systems, provides financial and technical assistance in conducting contraceptive prevalence surveys. Under Phase I of the project, eight surveys were conducted. In Phase II, 60 surveys in 25 countries are planned.

The primary objectives of the surveys are: (1) to determine periodically – at one- to three-year intervals, depending on the country situation – the contraceptive prevalence rates in each country selected; (2) to examine the correlates and differentials of these rates in order to assess the impact of various types of governmental and nongovernmental family planning programs; (3) to identify certain factors which will facilitate an increase in contraceptive use, particularly factors involving program planning activities; and (4) to institutionalize in each country studies of contraceptive prevalence, to be undertaken at regular intervals by an in-country agency.

During the workshop, participants from Korea, Thailand, Bangladesh, and Nepal shared their CPS experiences with participants from the Philippines, Malaysia, and Indonesia. Also attending as observers/resource persons were representatives from the Center for Disease Control, ESCAP, and AID.

All participants seemed to agree that contraceptive prevalence surveys were useful tools to provide data on contraceptive use quickly, data which could be used to monitor program impact and help in the planning and development of new programs. This consensus was reached through discussions of the realities of research experience, research capability, available resource, programmatic data needs, and finally, ability of programs to absorb data.

In terms of long-term plans, countries with previous CPS experience had more specific strategies for developing, institutionalizing, and utilizing CPS projects than did countries without CPS experience. However, the dialogue between the two groups helped all country delegations identify their data needs and consider alternative means of satisfying these needs.

Bangladesh representatives stated that a fully operational service statistics system and the integration of CPS into the Government Management Information System should meet most of the data needs they identified and they recommended that CPS be carried out every two years. Korea, which also recommended that CPS be institutionalized, stressed its needs for regional level data for planning its programs: "such regional information is required to provide quick feedback on provincial variations, and to improve the effectiveness and efficiency of the Korean Family Planning Program." Thailand emphasized the fact that "the audience for CPS data includes government officials and development planners who perceive the need for, and will use, the [CPS] data." Institutionalization would ensure that these data are available for monitoring program developments on a regular basis.

Nepal had just started the field work on their first CPS when the workshop took place. Its delegation indicated that institutionalization of CPS would greatly facilitate further surveys. The Philippines, where surveys which collect some of the same data as CPS have been conducted during the past few years, indicated that they will continue to conduct such surveys until 1985, and probably every two years thereafter. Such data are used at two levels: policymaking and program management.

Indonesia has not had any experience with CPS type survey, although they plan to implement a CPS in late 1982: the Indonesian CPS will supplement other acceptor data obtained from other population surveys. "In addition, CPS data may be used to verify prevalence rates obtained through the service statistics system, particularly in urban areas." Of particular concern was the possible discrepancy between program statistics which reflects the number of acceptors and the actual number of users.

Malaysia recognized the value of CPS-type surveys, and stressed that surveys providing such data needed to be integrated with other family planning activities. They intended to study the feasibility of such surveys for their country.

The four-day workshop also included a "Study Tour" during which the participants could observe directly some of the components of the Thai family planning programs: they visited a government-run district clinic; two volunteers and one of the economic incentive centers of the community based private program.

The next regional CPS conference for Latin America will be held Nov. 8-13, 1981, in Lima, Peru. □

The proceedings of the workshop are being published and will be available upon request from Westinghouse Health Systems: CPS Project, P.O. Box 866, Columbia, Md. 21044.

Michele Lioy and Gary Lewis, both of Westinghouse, are Administrative Coordinator and Regional Coordinator for Asia, respectively, for the Contraceptive Prevalence Survey project.

demographer's page

Amalia Cabib is the Editor of the Spanish edition of INTERCOM.

Israel's Demographic 'Cabala'

by Amalia Cabib

Like the layers of sedimentary rock that overlie the older geologic strata in Israel, successive waves of immigration have built up the population of the country. Since the establishment of the State of Israel in 1948, Israeli policy makers have been confronted with the delicate task of trying to integrate Jewish and non-Jewish groups of different ethnic and socioeconomic origins in a Zionist (Jewish) society with democratic goals.

When the British mandate ended on May 15, 1948, about 650,000 Jews and approximately 770,000 Arabs had their homes within the borders of the Jewish state.[1] But a large number of Arabs fled this area during the hostilities that followed, and only about 156,000 remained there and became Israeli citizens. Apparently, these Palestinian Arabs were almost all peasant farmers who lived mainly in the most rural places where the fighting did not reach.

Of those who fled during the 1948 war, the majority came from urban areas and resettled in the West Bank, which became part of the Kingdom of Jordan, and in the Gaza strip which was annexed to Egypt.

Prior to 1948, most of the immigrants who settled in Israel were Jews who came from more developed European countries, and who contributed their skills and capital to the rapid development and modernization of their new country. However, as mass migration started after 1948, increasing proportions of immigrants came from less modern African or Asian countries. The great bulk of Jewish immigration from Asian (largely Arabic) countries, mainly Yemen and Iraq, took place in the early years of statehood while immigration from North African countries continued until 1967. Since 1968, immigration from Europe and America has again been the dominant stream.

As of 1978, the population of Israel was an officially estimated 3,737,600. Its growth rate was 2.3 percent; and net immigration was an influx of about 17,000.[2]

Israeli Arabs

In 1978, the population of Israel was composed of 84 percent Jews (3,141,200) and 16 percent Arabs (596,400). The Arab population consists of two major religious groups, Moslems and Christians, comprising 77.7 and 14.4 percent; respectively of the total non-Jewish population.[3]

About half of Israel's Arabs still live in nearly isolated towns serving as a work force for Israeli Jewish industries; a quarter work on Jewish farms and construction sites. The crucial disparity between Arabs and Jews is that, at least at the time of the 1972 census, nearly 40 percent of Jewish workers had technological, administrative, and clerical jobs, but only 12 percent of Arab workers were employed in such privileged fields. The Israeli state does not draft Arabs into the Israeli defense forces; the stated reason is that Arabs should not be compelled to fight other Arabs in event of war. But on the other hand national service is a prerequisite for such discharge benefits as low-interest mortgages, and jobs which require security clearance. Young Arabs are ambivalent about their country; they have become part of a modern society and acquired the values of technology and individualism, but at the same time they feel that they are being colonialized and prevented by the old Zionist institutions from receiving their full share of the country's economic benefits.[4]

Although Israeli Jews currently make up more than four-fifths of the population within the state of Israel, their birth rates are much lower than Arab birth rates. In 1978 Israeli Jews had an average total fertility rate of 2.8 children per woman, but Israeli Arabs averaged 6.1.[5]

The table shows that given current rates of natural increase; Israeli Jews would double their numbers in 41 years, while the doubling time for Israeli Arabs would be only 18 years. However, if new immigration, made up almost entirely of Jews, continues, the Jew-Arab proportion might not be very different in the future. But if the areas now under military administration (West Bank-Gaza region) are to be retained, it would probably be impossible to prevent the emergence of an Arab majority. It is clear that with an Arab population which now comes close to 1,200,000 and is projected to double in 19 years, the military-administered territories cannot be annexed by Israel without making it impossible for this country to go on functioning both as a democracy and a Zionist state.[6]

Sephardic Jews: The "Second Israel"

The Jews settling in Israel can be described as falling into two groups: The *Ashkenazi*, those from Eastern European countries, and the *Sephardic*, those from countries around the Mediterranean. In outlook and culture, these two groups have many differences.

The first Zionists settling in Israel were mostly intellectual Askhenazi, with a small proportion of Sephardic. Then, in the 1950s, large numbers of Sephardic Jews – mainly Moroccan – arrived. While at that time most of the intelligensia of the Moroccan Jews went to live in France or Quebec, the poorer and less educated emigrated to Israel. Few of them could speak Hebrew and most of the women were illiterate.

Different Groups in Israel and the Gaza-West Bank Region as of 1978

Item	Israeli Jews	Israeli Arabs	West Bank-Gaza Arabs
Population	3,100,000	600,000	1,200,000
Birth rates per 1,000	24	43	48
Death rates per 1,000	7	6	12
Annual rate of natural increase	1.7%	3.7%	3.6%
Current doubling time	41 years	18 years	19 years
Proportion of total population	64%	12%	24%
Proportion of total population within Israel	83%	17%	–

Source: Eberstadt and Breindel.[6]

Today, the Sephardic poor of Israel – the "second Israel" – are industrial workers, vegetable peddlers, taxi drivers and petty clerks. Although about half of Israel's Jewish population is Sephardic,[7] only 20 percent of Israel's university students come from this group. However, intermarriage between Ashkenazi and Sephardic Jews is very high – perhaps 30 percent – and this trend might eventually solve the problem of social policy.[8]

Since 1967, a substantial Sephardic class has emerged (owners of small businesses), very similar in political ideology to the 200,000 immigrants who have come in recent years from the Soviet Union; that is, they tend to be deeply religious and deeply suspicious of socialism.[9]

The increase in the proportion of Sephardic Jews in the Israeli population is a recent demographic phenomenon with possible political effects. If the Sephardics form a growing conservative voting bloc, they could increasingly influence the government (in this case, the government of Menachem Begin's ruling Likud Party) to hew to a conservative line on many issues, such as settlements in the occupied territories and West Bank autonomy, that affect the entire region.

Israel's Yordim

The highest call of Zionism is immigration to the Jewish homeland or *aliya*, which in Hebrew means "ascending," but many young Israelis these days are instead "descending" into emigration and leaving behind them a country beset by inflation, the constant threat of war, and a shortage of housing. They are called the *yordim* (from *yored*, meaning "one who goes down"). According to the Central Bureau of Statistics, 337,000 Israeli Jews who left the country between 1948 and 1979 never returned. This means that one out of 10 Israelis is currently living abroad. Over half of them are Sabras – native-born Israelis – between the ages of 25 and 35.[10]

Figures can be deceiving, however, and many Israelis think that the emigration problem has been greatly exaggerated by alarmists. But in a small country where every citizen counts both as a potential soldier and as a builder of the Zionist ideal, the rising rate of emigration in recent years is a matter of serious concern.

Summary

The "cabala" was a medieval system of Jewish mysticism. Its scholars endeavored to "decode" the Scriptures, using mystic numbers and numerology. Demographers may well prove to be the modern "cabalists" (meaning "those who understand") who are in the best position to interpret the changes rapidly giving a new demographic shape to Israel.

As has been described here, one of these changes, which can affect Israel's political future, is the increasing influence of the more conservative Sephardic vote over the Ashkenazi Jews who dominated the political scene for the last three decades.

Another is the Arab population. Prior to 1967, the discrepancy between the size of Israel's Jewish population and the Arab population in surrounding countries seemed hardly to hinder Israel's progress: for example, in the 1967 war, Israel defeated the armies of countries 17 times more populous. But with victory in the 1967 war came territories – Gaza, the West Bank, the Golan Heights, the Sinai – occupied for security reasons, territories that, under present policy, will be granted only limited autonomy under Israel's government.

The Arab population of these territories – including many Palestinian refugees – is about 1.2 million, a small number compared to the rest of the Arab countries. But this population is now a major issue in Israeli politics, and it is growing. According to projections, while Israeli Jews are presently a majority in Israel, by 2000 Jews will become a minority if the occupied territories are still part of Israel. Israel's choice has been defined by former Foreign Affairs Minister Abba Eban as one between "being great [in terms of territory] and remaining Jewish."[11]

Finally, while definitive emigration statistics are difficult to come by, emigration rates are apparently high enough to be a matter of concern to a country founded on the premise of continuing immigration. □

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Changing Population Policy Approaches in China

by H. Yuan Tien

En route to becoming the world's first demographic billionaire, China has paused more than once to confront hard questions about the country's population. The most recent round of public scrutiny of the situation opened in the early 1970s. As a result, China has also become the first country ever to admit errors in management of demographic affairs. The most poignant sign of the concern over the nation's growing population fortunes is Article 53 of the Constitution of the People's Republic of China. Adopted on March 5, 1978, it reads, "The state advocates and encourages planned reproduction."

This unequivocal endorsement of fertility control quickly led to the start, in early 1979, of the now renowned "one child per couple" drive throughout the nation. The aim of the campaign is to realize, in two stages, zero or near-zero population growth by the end of the century or very shortly thereafter.

"Supply-side" and "Demand-side"

The on-going programs are in sharp contrast with the rhetoric of population optimism of a little more than 20 years ago. In current terminology, the earlier views may be conveniently labeled the "supply-side" perspective on population size and growth. Derived in part from a 1949 pro-life statement of Mao Zedong that "of all things in the world, people are the most precious," this perspective sees each person as supplying a pair of hands – hands that, when better organized via revolution, enhance production. The larger the population, the more numerous the hands, and, therefore, the greater the total production.

The consequences of this supply-side argument in favor of rapid and large population increase has already been bravely headlined in China as follows: "Population Mistakenly Increased by 300,000,000." To forestall any further such "mistakes," Chinese population specialists during the 1970s began instead to emphasize "demand-size" assessments of population growth, elaborating on the theme that with each person comes a mouth demanding to be fed gratis, immediately, and for quite some time after birth.

This demand-side perspective argued for population control because of the economically adverse burden of continued population growth. It was calculated, for instance, that one-half of the total consumption expenditure of the whole nation was used to nurture the children born since liberation in 1949. Additional calculations itemized the demands of a growing population in such categories as housing, education, health care, and employment.

At this stage, attention was exclusively focused on the impact of population growth on the national economy and the livelihood of the people. It was this demand-side population consensus that paved the way for the recent intensification of family planning activities. But this initial demographic consensus based on economic considerations proved highly inadequate almost from the start.

"One Child" Family Anxieties

To judge by issues discussed in the Chinese media and scholarly journals, China's family planning programs in general and one-child policy in particular, however imperative economically, aroused deep reservations and misgivings at the receiving end.

For example, while the aging of the population can be examined and explicated in economic terms (e.g., what will happen to labor force size, will the dependency ratio increase, etc.), it is also tied to the question of individual old age security. In aggregate terms, there may be indeed a large enough labor force to produce for the country as China accelerates fertility control. But the concern of the individual remains whether or not there will be someone to look after him or her in later years. Under the one-child regimen, numerous couples must end up living in an empty nest in old age. Those without sons are most likely to suffer this fate, as daughters traditionally leave parental households at marriage.

Other anxieties are centered around possible serious imbalances in the sex ratio that might result from the one-child policy. This concern prompted Chinese population specialists to declare that males would not excessively outnumber females in the foreseeable future, citing statistics from the past 20 years for different localities. The implication was that the one-child model would not bode ill for society and the family.

Yet parents, teachers and others quickly wondered aloud whether the only child is likely to be a spoiled brat or to exhibit anti-social behavior. Other expressions of concern touched on the consequences of preferential treatment (mandated by law) of the only child in education, health care, and job placement. And the most vexing concern centered on the effect of the one-child norm on the traditional family: its implementation would mean the elimination of all the familiar family members (brothers, sisters, uncles, aunts, cousins, nieces, nephews).

The Role of Population Specialists

Obliviousness to these issues, by design or default, was probably necessary at the outset of the shift to antinatal rhetoric and regulations. An all-out thrashing of all pertinent issues at the time could have generated a great deal more opposition and slowed the emergence of a workable consensus. But they could not be long delayed. As a matter of fact, debates on various aspects of China's family planning programs are evidently still continuing. For instance, though regulations have been drafted and circulated for discussion since 1979, China has not formally enacted a national law on one child per couple.

The need for a more comprehensive approach to population issues thus was quickly felt. Apropos of this, population specialists in China have formally adopted definitions of population studies to take into account the many noneconomic dimensions of demographic processes. At a symposium held in April, 1980, under the aegis of the Ministry of Education, for instance, the participants declared that population studies constitute a comprehensive social science, embracing such disciplines as population theory and methods, demographic statistics, population economics, the sociology of population phenomena, the history of population thought, survey of world population trends, population ecology (environmental studies), and population systems engineering.

At about the same time, the Institute of Sociological Research of the Chinese Academy of Social Sciences also announced that economics, sociology, medicine, genetics, eugenics, mathematics, biology, cybernetics, and systems

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engineering are all related to population research (*Guangming Ribao*, April 22, 1980).

That Chinese population scientists are increasingly influencing policy making is clear from the fact that the recently elected officers of the newly established Chinese Population Association are from diverse backgrounds: Professor Xu Dixin (Economics, Academy of Social Sciences), President; Professor Chen Dao (Sociology, Academy of Social Sciences), Mr. Liu Quingshan (Family Planning Commission, State Council), Professor Liu Zheng (Institute of Population Research, the Chinese People's University), Mr. Song Jian (Cybernectics, Academy of Sciences), Vice Presidents; and Professor Zhang Lequn (Sociology, Academy of Social Sciences), Secretary-General.

Undoubtedly, China's demographic circumstances have given a very large and formidable task to the country's population specialists. But the framework within which they are able to exert policy input is now also broad. It has ample room for innovative initiatives.

The approaches to population policy of Chinese population specialists in recent years have also been far from being static. It has been capable of self-adjustment to keep up with the unfolding complex demands involved in their mission to promote demographic transition in China. □

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Excerpts from the Chinese Communist Party Central Committee's "Open Letter on Population Control" of Sept. 25, 1980, addressed to all Party and Communist Youth League members. This landmark letter asked all party members to set a national example by having only one child per family.

If population growth is not brought under control within the next 30 to 40 years, particularly within the next 20 to 30 years, through one-child families, China's population will reach 1.3 billion after 20 years and surpass 1.5 billion after 40 years, based on the present rate of 2.2 children per couple. . . . .

The most effective way to solve this question is to implement the State Council's call for one-child families. . . . Whether the increase in population is fast or slow will directly affect the accumulation of funds needed for modernizations. If a population increases too fast, the accumulation of funds will decrease. If the population increases slowly, the accumulation of funds will increase.

Now please think it over. What a great positive role the money saved from all this will play when it is used to develop the economy, culture, and education!. . . .

Facts show that the Chinese people have good sense and take the interest of the whole nation into account. They not only understand the state's difficulties, but also consider the interests of future generations. . . . .

Yearly censuses since 1949 have shown that the ratio between male and female babies has been roughly even, with boys slightly more numerous than girls. Since one-child families were advocated, surveys by concerned departments on the sex of first-born babies grow up, they are as good a source of labor as males and may work even better at certain jobs. They can do better housework and let their husbands live with the bride's family. The people of new China, particularly the younger generation, must overcome the old idea of looking down on female babies and ensure that, if an only baby is a girl, her parents take just as good care of her. . . .

—compiled by Stewart E. Fraser, La Trobe University, Bundoora, Australia.

India Revitalizes Family Planning

Continued from page 1

10 percent of births and deaths, they see the likely birth rate as high as 37 and the death rate at 16 in 1978. (The U.S. birth rate is currently 16 and the death rate, 9.)

The Fall and Rise of Family Planning

"Until 1976, at least, the main contribution of the family planning program was probably to prevent a health-related rise in the birth rate," they say. Mortality decline—the chief reason for India's accelerated population growth since Independence in 1947—has slowed since the mid-1960s. Further improvement now depends on improving living standards for the masses of rural poor. But this is "retarded by rapid population growth," they observe.

The census results "shocked" Prime Minister Gandhi into a call for "revitalizing" the family planning program, breaking her silence on the subject since her reelection in January 1980. Thirty years old next year, India's program rose to a pitch in 1976-1977, the last year of Gandhi's Emergency rule, when 8.3 million sterilizations were performed. In the backlash to the coercive Emergency tactics—or rumors of coercion—the figure collapsed to under a million in 1977-1978. The latest figures show a climb back to 1.99 million sterilizations for April 1980 through March 1981, the Visarias report. Seventy-eight percent of these were obtained by women compared to 25 percent in 1976-1977. Sterilizations in 1980-1981 were 66 percent of the year's target set forth in the country's current overall five-year plan. IUD insertions were 75 percent of target and new acceptors of "conventional contraceptives"—mainly condoms—were 68 percent.

In March 1981, an estimated 23.1 percent of India's 116 million couples with the wife in the childbearing ages (15-44) were "effectively" protected against the risk of pregnancy compared to 23.9 percent four years earlier, the *Bulletin* authors report. (Because the estimate of couples of childbearing age has been raised to take account of the higher-than-expected census total, the March 1981 figure may be only 22.6 percent.)

Current official goals envisage a rise in the percentage of "effectively" protected couples to 60 percent and a decline in fertility to replacement level—2.3 births per woman—by 1996. Estimating current fertility at still over 5 births per woman, the Visarias see these goals as "unrealistic."

Plans for revamping the family planning program call for involving elected and appointed officials at all government levels and an army of "community health volunteers" at the local level to "spread the small-family message," and de-emphasizing sterilization in favor of birth-spacing contraceptive methods.

"Reaching the people will not be easy," say the authors. "Some 76 percent of Indians still live in rural areas, scattered in close to 600,000 villages, and villagers have so far generally resisted the arguments of such of the better educated, urban-oriented, and poorly trained family planning workers that they happen to encounter." Children are an economic asset for the desperately poor in rural areas, they point out. Many are needed because so many die before they get to working age. "At least 125 out of every 1,000 babies born die

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in the first year of life and 30 percent of children die before age five," they report.

Coping with Future Growth

India's "gloomy" population picture has a few bright spots, they say. One is food production, "the one area where India has been able to meet the needs of its growing population." Thanks to the green revolution, crop yields grew from 55 million tons in 1950 to 132 million tons in 1978, permitting accumulation of a buffer stock of wheat and rice large enough to tide over 1979's severe drought without imports. However, food self-sufficiency may be short-lived, the Visarias suggest. This past July the government purchased 1.5 million tons of U.S. wheat to replenish its diminished reserves and more imports may be needed to cover this year's crop shortfall due to short monsoon rains.

The state of Kerala is another bright spot. Although its per capita income is below the all-India average of $190, Kerala devotes 39 percent of its budget to education and 16 percent to health and family planning services. As a result, female literacy is 65 percent compared to the national rate of 25 percent, infant mortality is under 55 per 1,000 births, it is the only state where women outlive men on average, and its 1978 birth rate was 25 per 1,000 population.

Elsewhere rapid population growth has been a drag on national plans to reduce illiteracy, provide every child with a free primary education, and reduce poverty, say the Visarias. In the two most populous states of Bihar and Uttar Pradesh – India's "heartland" which together contain over a quarter of the country's population – only 14 percent of women are literate, infant deaths may be as high as 185 per 1,000 births, less than 12 percent of fertile-aged couples use modern contraception, and the birth rate in Uttar Pradesh, at least, was over 40 in 1978. Nationwide, close to half the population (48 percent) is estimated to be living below the official Indian poverty level.*

"To gain perspective on India's apparently intractable population problem," the authors recall that "the country has managed to cope with the addition of some 320 million people over the past 30 years." But they admit that the prospect of another 320 million added in only 20 to 25 years on top of a far larger initial population is "frightening." In their view, India's "immediate need" is a vigorous campaign among teenagers and young couples to generate "far greater demand" for family planning. The educational approach to promoting family planning may be slow but they conclude: "Unfortunately there are no feasible shortcuts in the immense task of slowing the growth rate of India's already very large population."

Authors of numerous publications on India's population, both Pravin Visaria and Leela Visaria hold the Ph.D. in demography from Princeton University. Pravin Visaria was formerly Professor of Demography at Bombay University and has worked at the World Bank in Washington, D.C., and served on several Indian government working groups on employment and population issues. Leela Visaria is a former Population Reference Bureau staff member and has been a consultant to the UN Economic and Social Commission for Asia and the Pacific.

Additional copies of their *Population Bulletin* (Vol. 36, No. 4), "India's Population: Second and Growing," can be ordered from PRB at the prices and address noted below. □

*Being below India's official poverty level means being unable to buy enough to ensure a minimum daily diet per person of 2,400 calories in rural areas and 2,100 in urban areas, plus marginal clothing and housing. (Some critics feel the calorie requirements for poverty should be lower.)

A Statistical Portrait of India: 1901-1981

Census year	Total population (millions)	Average annual growth rate (%)	Crude birth rate[a]	Crude death rate[a]
1901	283.3	0.30	–	–
1911	252.0	0.56	49.2	42.6
1921	251.2	-0.03	48.1	47.2
1931	278.9	1.06	46.4	36.3
1941	318.5	1.34	45.2	31.2
1951	361.0	1.26	39.9	27.4
1961	439.1	1.98	40.9	22.8
1971	548.2	2.20	41.1	18.9
1981	683.8	2.23	33.3	14.2

Source: Population Bulletin, Vol. 36, No. 4, "India's Population: Second and Growing," by Pravin Visaria and Leela Visaria.
[a]Crude birth and death rates are averages for the preceding intercensal decade *except* for the 1981 figures, which are estimates for 1978.

Bulletin Price Change

While still a bargain, the price of PRB's *Population Bulletin* has been raised in response to spiraling production costs. Starting Nov. 1, 1981, the prices of all *Bulletins*, including past issues, are: $3.00 per single copy; 2-10 copies, $2.30 each; 11-50 copies, $1.90 each; 51 copies or more, $1.50 each.

Orders of $20 and under must be prepaid. A $1.00 handling charge should be included for all orders mailed inside the U.S. For orders mailed outside the U.S., add 25 percent to the cost of publications ordered to cover postage and handling.

Orders with checks payable to "Population Reference Bureau" may be mailed to Circulation Dept., Population Reference Bureau, Inc., P.O. Box 35012, Washington, D.C. 20013.

UN Refugee Office Receives Nobel Prize

The Nobel Peace Prize for 1981 was awarded in October to the Office of the UN High Commissioner for Refugees, for caring for 10 million of the world's refugees, "a veritable flood of human catastrophe and suffering, both physical and psychological." The present High Commissioner, Poul Hartling, said that the prize was "a statement to the world's refugees that you are not forgotten." It was the second time the agency had won the award; the first time was in 1954.

Births, Deaths, Marriages, and Americans

The rates for U.S. births, marriages, and deaths rose in 1980 compared to 1979.* Meanwhile, the divorce rate remained steady, the infant mortality rate went down, and life expectancy decreased because of an influenza outbreak, though only by 0.2 years.

This in a nutshell is the annual summary of U.S. vital statistics as of 1980, newly released by the National Center for Health Statistics: a yearly wrapup of NCHS's monthly data (which are reprinted in INTERCOM's regular "Vital Statistics" column, page 15).

Births. In 1980 the estimated number of births was 3,598,000, an increase of nearly 4 percent over the provisional total for 1979 and the highest total since 1970. The crude birth rate was 16.2 live births per 1,000 population, which is the highest since 1971. The rise in the crude birth rate in the past five years reflects continued growth in the number of women of childbearing age as well as the increase in the rate of childbearing. (As the post-World War II baby boom continues to age, the number of women in the childbearing ages [put at 15-44 years] will continue to increase at slightly more than 1 percent annually between 1980 and 1985 and stabilize in 1986.)

Deaths. In 1980 an estimated 1,986,000 deaths occurred in the U.S., for a crude rate of 8.9 deaths per 1,000 population. The age-adjusted rate was 5.9, 1 percent higher that the comparable rate for 1979. (Age-adjusted rates control for changes in the age composition of the population from year to year.)

Why did the death rate rise? Because of an outbreak in influenza during the early and late parts of 1980, the age-adjusted death rate for pneumonia and influenza (which ranked sixth among the causes of death in 1980) was about 14 percent higher than the 1979 rate. Of the five leading causes of death, diseases of heart (number 1), malignant neoplasms (number 2), and chronic obstructive pulmonary diseases (number 5) rose, while cerebrovascular diseases (number 3) and accidents and adverse effects (number 4) were down.

*These rates were computed by NCHS based on population estimates. The results of the 1980 Census, which found the U.S. population was about 4.8 million higher than estimated, are not reflected in the 1980 rates given here.

Maternal mortality. An estimated 250 women died in 1980 due to complications of pregnancy and childbirth, compared to an estimated 270 deaths in 1979. The maternal mortality rate was 6.9 deaths per 100,000 live births; this rate has fallen steadily for many years; in 1950, for example, the maternal mortality rate was 83.3 deaths per 100,000 live births.

Infant mortality. An estimated 45,000 infants died in 1980, with a resulting infant mortality rate of 12.5 deaths to infants under 1 year of age per 1,000 live births. This is the lowest rate in U.S. history – 4 percent lower than 1979's rate of 13.0.

Life expectancy. The estimated life expectancy at birth in 1980 was 73.6 years for the total U.S. population, compared with 73.8 years in 1979. This marked the first decrease in U.S. life expectancy since 1968 (when it dropped 0.3 years to 70.2). Both decreases were due to influenza epidemics.

Broken down by race and sex, life expectancy at birth in 1980 was as follows: white females, 78.1 years; all other females, 74.0 years; white males, 70.5 years; and all other males, 65.3 years.

Natural increase. According to NCHS statistics measuring the excess of births over deaths, the rate of natural increase in the U.S. was an estimated 7.3 persons per 1,000 population (that is, 0.73 percent) in 1980, compared to 7.1 for 1979. This increase was due to the increase in the birth rate, and as measured here, is useful for comparison with previous years. (This figure is based on 1980 estimates of population, so see cautionary footnote at the beginning of this article.)

Marriages. There were an estimated 2,413,000 marriages in 1980, which represents a 2 percent increase over the 1979 total, a 12 percent increase over 1970, a 58 percent increase over 1960, and a new national record. Except for 1974 and 1975, the NCHS reports, the annual marriage total has risen every year since 1958.

Divorces. There were an estimated 1,182,000 divorces reported for 1980, also a record high. This is 1 percent over 1979, 67 percent over 1970, and three times the total recorded in 1960. □

Annual Summary of U.S. Vital Rates

Item	1980[a]	1979[a]	1978	1977	1976	1975	1974	1973	1972
Births	16.2	15.8	15.3	15.4	14.8	14.8	14.9	14.9	15.6
Deaths	8.9	8.7	8.8	8.8	8.9	8.9	9.2	9.4	9.4
Natural Increase	7.3	7.1	6.5	6.6	5.9	5.9	5.7	5.5	6.2
Marriages	10.9	10.7	10.5	10.1	10.0	10.1	10.5	10.9	11.0
Divorces (est.)	5.3	5.3	5.2	5.0	5.0	4.9	4.6	4.4	4.1
Infant Mortality	12.5	13.0	13.8	14.1	15.2	16.1	16.7	17.7	18.5
Life Expectancy	73.6	73.8	73.3	73.2	72.8	72.5	71.9	71.3	71.1

Note: Rates are per 1,000 population, except for infant mortality, which is given per 1,000 live births, and life expectancy, given in years. Rates for 1980 are based on population estimates made before the results of the 1980 Census were released; therefore, they are not consistent with estimates based on the 1980 Census figures.

[a]Provisional.

Source. Monthly Vital Statistics Report (Vol. 29, No. 13, Published Sept. 17, 1981) from the National Center for Health Statistics.

Migrants Could Change Size, Distribution of U.S. Population

With current low fertility rates in the U.S. and relatively high levels of immigration, (estimated by many experts at over 1 million including illegal entries), net international migration is increasingly recognized by analysts and policymakers alike as the potential "key" variable in determining future U.S. population size, distribution, and composition. Now a new PRB study, entitled, "Immigration and Its Impact on U.S. Society," plots the effects of different immigration levels on future population, showing the potential wide-ranging impact on school enrollment, regional ethnic distribution, the labor force, and even to some degree, the elderly population.

Migrants to the U.S., now predominantly from Latin America (particularly Mexico) and Asia, could swell the ranks of the labor force, retard the "aging" of the U.S. population and slow down the decline of school enrollment, according to Leon F. Bouvier, author of the study which used forward projections to determine the demographic effects of different levels of immigration in combination with a number of possible fertility rates.

About 35 percent of all future immigrants will settle in the West, particularly in California, while 30 percent will go to the Northeast and 23 percent will go to the South. The North Central region of the United States will rceive only about 12 percent of future immigrants, according to one set of projections in the study.

What effect will this influx have on the populations of certain states? California, the most popular state among new arrivals, could end up with almost 30 percent of all post-1980 immigrants and their descendants by 2000, according to Dr. Bouvier. If fertility stays low and the level of immigration is about 1 million a year, this group could comprise of 8 percent. Twenty-one percent of California's population and 19 percent of New York's population would be made up of post-1980 immigrants and their descendants. The other three states most likely to be affected are Texas, Florida and Illinois.

By 2080, if fertility stays as low as 1.8 children per women in the United States, the effect of 1 million immigrants net a year will be to create a labor force some 70 percent larger than would otherwise be the case with no immigration. In other words, two out of every 5 persons in the U.S. labor force would be post-1980 immigrants and their descendants.

As for school enrollment, immigration would slow down, and, if large enough, possibly halt, the decline projected over the next fifty years. Without immigration, the number of children aged 5-19 will fall drastically over the next century if fertility remains low but a net migration level of 1 million per year would, by 2080, translate into 3 million more children than today's school age population.

On the other hand, immigration retards the "aging" of the U.S. population slightly because immigrant groups are, on average, younger than the U.S. resident population. Fertility patterns have a much more significant effect on population age structure the study notes.

Given continued low fertility, the total U.S population would be almost 15 percent larger in fifty years with a net annual immigration level of 500,000 compared to no immigration – an increase of over 17 percent among persons aged 25-29 but only an 8.5 percent increase among those 65 and over.

"Many aspects of American life from kindergarten through retirement will be affected in some way by continued immigration," Bouvier points out. "Now that we know what some of the effects will be, it should give us a clearer picture of some of the policy options."

To obtain a copy of "Immigration and Its Impact on U.S. Society" by Leon F. Bouvier, send $1..00 (to cover postage and handling) to PRB, Circulation Dept., 1337 Connecticut Ave. N.W., Washington, D.C. 20036.

world food news

The Rising Food Bill

Industrialized countries need to make a number of adjustments to their trade policies in order to absorb the potential export surpluses of the developing countries, says the FAO. If developed countries reduced or eliminated their protective tariffs against agricultural imports from developing countries, the resultant increase in export earnings in these developing countries would enable them to buy more of the industrialized countries' exports. The economies of all the world's nations have become so interdependent that debility in one sector weakens many others.

Exports are also a problem for developing countries, the FAO says. Their needed agricultural export earnings are often blocked by import restrictions imposed by developed countries. Such restrictions include protectionist measures by industrialized countries, competition from synthetic substitutes, limited market access in the industrialized centrally planned economies and some health and other regulations which often unnecessarily affect trade in livestock products. The developing countries' share of world earnings from agricultural exports has declined dramatically. Their earnings are also highly unstable from year to year. Many attempts have been made to adopt and operate international agreements between importing and exporting countries for individual commodities but progress has been slow. Agreement has been reached on only a few of these covenants, even fewer have lasted very long, and the economic provisions of some have remained inoperative for long periods.

Edouard Saouma, Director-General of FAO, made this point more explicit during a press conference in Tokyo earlier this year. He said: "I am extremely concerned at the increasingly heavy burden which food imports continue to place on the balance of payments of developing countries. Their import bill for cereals alone is rising over 20 percent per year. It reached an estimated $9 billion in 1980 for the low-income countries alone. The drain absorbed one-third of the developing countries' entire export earnings from agricultural products and it offset no less than two-thirds of the official development assistance that year."

Widespread cultivation of crops for export often dimishes the area available for the production of food crops for domestic use. As the production, and therefore the supply, of local foods drops, their price to the consumer inevitably

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rises. Both the scarcity of local food and the importation of food from other countries spur inflation. For instance, the volume of cereals imported by nations with a cereal deficit increased 14 percent between 1967-1969 and 1976-1978, while the prices they paid almost doubled and freight bills quadrupled.

Whether developing countries should devote land and other resources to export crops or to food crops for domestic consumption is often a difficult choice, says the FAO. Exports of agricultural, fishery, and forestry products provide many developing countries with a large part of their earnings of important foreign exchange. They can also, however, result in a dangerous dependence on precarious imported food supplies – especially when one crop alone is widely grown within a country for export. □

World Food News is prepared for INTERCOM each month by the North American Liaison Office of FAO, the Food and Agriculture Organization of the United Nations.

grants/contracts

• Temple University, Inst. for Survey Research: **Reproductive Behavior and Fertility Among Unmarried Women**, K. Tanfer, investigator. This project focuses on a random sample of 1,000 20-29-year-old unmarried women, 600 white and 400 black, to study the factors associated with their sexual and reproductive behavior and contraceptive practices. Special attention will be given to such matters as: appreciation of and attitudes toward risks of pregnancy, including a pregnancy history; contraceptive practices, use, and non-use, including influencing efficacy and regularity of use of the various contraceptive methods; relation of abortion attitudes and behavior to contraceptive practices; and social, psychological, and economic consequences of premarital pregnancy, especially in relation to subsequent fertility regulation. (Funded by U.S. Dept. of HHS, NICHD, FY 1980.)

• Fred Hutchinson Cancer Research Center: **World Health Organization's Collaborative Study of Neoplasia and Steroid Contraceptives,** D.B. Thomas, et al., investigators. The objective of this hospital-based, multi-centered case-control study is to ascertain whether there is a relationship, particularly in developing countries, between the use of steroid contraceptives (oral and long-acting injectables) and neoplasms of the breast, cervix, corpus uteri, gallbladder (including also extrahepatic biliary tree), liver and ovary. Standardized techniques to estimate relative risk will be utilized. The initial phase of the study is expected to last five years to provide sufficient comparisons of results from different collaborating centers for the more common neoplasms and to obtain information on the rarer neoplasms or histological subtypes. The study will continue beyond five years to monitor steroid contraceptives for carcinogenic effects that may become apparent in the future. (No supporting organization reported, FY 1981.)

• University of North Carolina, School of Arts and Sciences: **Comparative Analysis of Age at First Birth in Asia**, Prof. R.R. Rindfuss, Dept. of Sociology, and C. Hirschman, Duke University. The focus of this study is on the determinants of age at first birth in eight Asian societies. In addition to social, cultural, and economic factors, other determinants, such as social origins, educational attainment, work experience, and use of contraceptives before the first birth, will be examined. The findings of the study will help to refine scientific understanding of the early stages of the fertility process at both the micro and societal levels. The availability of multiple data sets for several countries strengthens the ability to do valid cross-national analysis. (Funded by U.S. Dept. of HHS, NICHD, FY 1981 $111,585.)

• University of California, School of Letters and Science: **The Prediction of Fertility Among Mexican Americans**, Prof. G. Sabagh, Dept. of Sociology, investigator. This project is a followup of a probability sample of about 900 relatively fecund Mexican Americans wives who were interviewed in Los Angeles in 1973. At that time, information was obtained on various aspects of their reproductive intentions, as well as on all the dimensions to be included in this study. The followup analysis has two objectives: (1) to assess the predictive validity of reproductive intentions and to analyze the patterns of inconsistencies between these intentions and subsequent fertility among Mexican Americans as compared to the white majority population; and (2) to identify the dimensions that have a measurable impact on prospective fertility, independently of or in interaction with intentions. (Funded by U.S. Dept. of HHS, NICHD, FY $132,699.)

• University of Chicago, Pritzker School of Medicine: **Male Infertility (Human)**, T.M. Jones, investigator. This project is part of a broader program that seeks continued support for operation of a General Clinical Research Center, the only inpatient and outpatient research Center available to the faculty at the University of Chicago. Numerous scientific investigations are underway in the departments of Medicine, Surgery, pediatrics and Obstetrics and Gynecology. (Funded by U.S. Dept. of HHS, National Inst. of Health, FY 1981.)

• University of Washington, School of Public Health and Community Medicine, Seattle, Washington: **Birth Control and the Risk of Infertility**, J.R. Daling, Dept. of Epidemiology, investigator. The relationship between birth control practices and the occurrence of subsequent undesired fertility will be conducted on a population based study of 1,500 cases and 1,500 controls. The study seeks estimates of the relative risk of infertility for users of different contraceptive modalities. (Funded by U.S. Dept. of HHS, NICHD, FY 1980 $480,700.)

• University of Pennsylvania, Wharton School of Finance and Commerce: **National Retirement Policy in the United States**, D.M. McGill, Dept. of Risk and Insurance, et al., investigators. This project identifies major demographic and financing problems in social security systems and private and public pensions. Recommendations for changes to be made in social security and reforms in both private and public pensions will emphasize the need for the elderly to participate in the labor market beyond the traditional labor market age and reduce the burden of financing U.S. retirement policies. (Funded by University of Pennsylvania, FY 1979.)

• University of Pennsylvania, School of Arts and Sciences: **Socioeconomic Studies of Fertility**, R.A. Easterlin, Dept. of Economics, et al., investigators. This project develops and tests further a model of the U.S. demographic, social, and economic experience. The effects of cohort size and relative income on additional aspects of social and economic experience including the educational system and schooling experience of teenagers and young adults, the labor market experience of teenagers, social and psychological stress among teenagers and young adults, women's labor market experience, and economic productivity. In addition, assessment will be made of the likely effects of changes in women's gender role attitudes and status and new labor market developments on projections of future fertility and social and economic conditions made using this model. (Funded by U.S. Dept. of HHS, NICHD, FY 1981.)

Vital Statistics Update

Latest Provisional Vital Statistics for the U.S.: July 1981

Item	12 months ending with July			
	Number		Rate	
	1981	1980	1981	1980
Live births	3,641,000	3,552,000	15.9	15.7
Deaths	2,000,000	1,960,000	8.8	8.7
Natural increase	1,641,000	1,592,000	7.1	7.0
Marriages	2,434,000	2,400,000	10.7	10.6
Divorces	1,205,000	1,183,000	5.3	5.2
Infant deaths	43,700	45,300	12.0	12.8
Population base (in millions)			228.5	226.1

Note. Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births. Rates for 1980 are based on revised population estimates.

Source. Monthly Vital Statistics Report (Vol. 30, No. 5) from the National Center for Health Statistics.

current readings

PRB welcomes materials on population topics for inclusion in Current Readings. Address review copies to Book Review Editor, INTERCOM, Population Reference Bureau, 1337 Connecticut Avenue N.W., Washington, DC 20036

FERTILITY AND KINSHIP IN THE PHILIPPINES, by Elena Yu and William T. Liu. Notre Dame: Notre Dame University Press, 1981. 286 pp. $20.00 ISBN 0-268-00949. LC 80-50269.

Fertility and Kinship in the Philippines is an illuminating examination of the role of the family and kindred in the Cebuano society, in the oldest and most densely populated province in the Philippines. Using demographic data and in-depth interviews, the authors describe the development of a complex social system of coping with high fertility which can be traced to the use of traditional midwives, healers and a rich body of "folk" contraceptive knowledge. The Cebuano kinship network supports children through an extended family and relatives, and social and economic attitudes favoring child-bearing is prevalent. Amid the complexity of such a society, Yu and Liu show that the introduction of family planning policies and modern contraceptive technologies is not likely to be economically and sociably feasible to Filipinos. As they point out, "modern contraceptive innovation does not merely introduce a set of techniques for limiting births that are more efficient than the folk methods; they ultimately have a homogenizing effect in Third World countries in that they break down traditional norms and values and implant 'modern consciousness.'" This fascinating account of the Cebuano social system will be of great interest to those governmental, international and private organizations and agencies which have long sought to curb the tide of high fertility in economically disadvantaged countries. —*Catherine Lee*

MIGRATION DECISION MAKING: Multidisciplinary Approaches to Microlevel Studies in Developed and Developing Countries, edited by Gordon F. De Jong and Robert W. Gardner. New York: Pergamon Press, 1981. 394 pp. $37.50. ISBN 0-08-026305-4. LC 81-2076.

This anthology of articles by demographers, economists, sociologists, geographers, anthropologists, psychologists, and planners represents the latest thinking in migration research. Out of the conviction that the significance of migration is increasing, if only because of the declining rates of natural increase in developed and developing countries, and in recognition of the relative deficiencies in the migration knowledge base compared to other areas of policy-related population research, the authors seek to summarize and extend migration decision-making theory. The focus of the book is on the microlevel—meaning individual or family level—determinants of internal migration, in the belief that massive current and future population transfers will be internal rather than international, and that individual and family level explanations of migration decisionmaking have been most neglected. Three major themes are addressed by the authors: 1) a systematic review and evaluation of microlevel models of the migration decision from various disciplines, 2) the applicability of microlevel migration models to developing as well as developed countries, and 3) the policy implications of these models for developing countries. One of the main contributions of the book is the inclusion of social, cultural and political factors, as well as the usual economic factors, in the migration decisionmaking models. Because of its focus on developing countries and its argument in its discussion of policy that policies must affect or respond to individual and/or household level migration decisions, the book should be very useful to those making migration policy. —*Laura Lippman*

BUILDING A SUSTAINABLE SOCIETY, by Lester R. Brown. New York: Norton, 1981. 431 pp. $14.95. ISBN 0-393-0182-7. LC-81-11135.

Building a Sustainable Society, Lester R. Brown's newest book, warns that the current path of population growth and affluence cannot be sustained over the long run. Human demands on any of the earth's natural systems and resources are great; their consequences are becoming apparent to countries everywhere as they try to formulate sound economic policies. Brown notes that the widespread loss of topsoil may be the greatest threat to the future. Although food output has more than doubled since 1950, that increases has entailed land abuse so severe that perhaps as much as one-third of the world's cropland is losing topsoil at a rate that is undermining its long-term yields, as soils become less and less productive. Brown points to the need to reorder priorities if we are to build a sustainable society. Like all of Lester Brown's books, this one is a well-written analysis of complex issues, and a blueprint for problem-solving. —*Elaine Murphy*

PREGNANCY, CHILDBIRTH, AND PARENTHOOD, edited by Paul Ahmed. New York: Elsevier North Holland, 1981. 414 pp. $39.95 ISBN 0-444-00558-7.

Unlike some books that deal with the topic of pregnancy and childbirth in terms of alleviating the physical difficulties, **Pregnancy, Childbirth, and Parenthood** takes a different approach by focusing on the emotional and psychological aspects. This book (Volume 2 of *Coping with Medical Issues Series)* is a compilation of 22 articles written by 36 authorities on the topic of pregnancy, childbirth, and parenthood. It was largely based on discussions with pregnant women, physicians, and other health care professionals. It is divided into seven parts ranging in topics from pregnancy and society (modern and traditional) to problematic pregnancy to fatherhood. The main thrust of the book is "devoted to an exploration of the coping process as it relates to the many aspects of pregnancy. It addresses the concerns of physicians, nurses, and social workers, helping them to counsel and advise patients." —*Lisa Olson*

THE COUSTEAU ALMANAC, by Jacques-Yves Cousteau and the Staff of the Cousteau Society. New York: Doubleday, 1981. 838 pp. $24.95; $15.95 paper. ISBN 0-385-14875-5; 0-385-14876-3. LC 79-7862.

The Cousteau Almanac is subtitled "An Inventory of Life on Our Water Planet." One would expect a book with this global a scope to be a large book and large it is: 838 pages, 2½ inches thick, and over four pounds in weight. It is not the kind of book you tuck in your pocket (unless you are a kangaroo), but it is the kind of book you will take off the shelf time and again as you search for information on every facet of the earth and sea, the creatures that inhabit them, and the natural resources contained in them. Written by Jacques-Yves Cousteau and the staff of the Cousteau Society, the Almanac is an impressive compendium of facts, descriptions of a wide range of environmental problems, case histories, anecodotes, analyses, history, future projections, and suggestions for environmental problem solving by individuals as well as governments. It ends with an appeal by Cousteau to adopt the strategy of the dolphins—to use the sheer force of numbers against environmental enemies. The Population Reference Bureau contributed substantially to the sections on population. —*Elaine Murphy*